

ADRIAN ELIZABETH LYLES

Plaintiff

VS

FLOYED RUSSELL HENDERSON, ET AL

Defendant

* CASE NO. 3914 E CIVIL

* IN THE

* CIRCUIT COURT

* FOR

* FREDERICK COUNTY, MARYLAND

AFFIDAVIT OF COMPLIANCE

The undersigned hereby certifies that he executed service of process upon The Frederick County Board of Education and the Frederick County Board of County Commissioners, Defendants in the above captioned matter, on the 5th day of January, 1988, by mailing, postage prepaid, certified mail, restricted delivery, return receipts attached hereto), a copy of the Complaint issued by this Court on December 24, 1987.

The undersigned further certifies that he is over the age of 18 and not a party to this action.

I SWEAR, under the penalties of perjury that the matters and facts set forth herein are true and correct to the best of my knowledge, information and belief.

Thomas G. Slater
Thomas G. Slater

PS Form 3811, July 1983

<p>● SENDER: Complete items 1, 2, 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.</p>	
<p>1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.</p> <p>2. <input type="checkbox"/> Restricted Delivery.</p>	
<p>3. Article Addressed to:</p> <p>Board of Education of Frederick Co. 115 E. Church St. Frederick MD 21701</p>	
<p>4. Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p>	<p>Article Number</p> <p>354835</p>
<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature - Addressee</p> <p>X</p>	
<p>6. Signature - Agent</p> <p>X <u>T. Slater</u></p>	
<p>7. Date of Delivery</p> <p>JAN 5 1988</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

<p>● SENDER: Complete items 1, 2, 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.</p>	
<p>1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.</p> <p>2. <input type="checkbox"/> Restricted Delivery.</p>	
<p>3. Article Addressed to:</p> <p>Board County Commissioners Wachstum Hall Frederick MD 21701</p>	
<p>4. Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p>	<p>Article Number</p> <p>354845</p>
<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature - Addressee</p> <p>X</p>	
<p>6. Signature - Agent</p> <p>X <u>[Signature]</u></p>	
<p>7. Date of Delivery</p> <p>JAN 5 1988</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

DOMESTIC RETURN RECEIPT